

CRITERIA FOR PRIOR AUTHORIZATION

Siliq™ (brodalumab)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Brodalumab (Siliq™)

CRITERIA FOR MODERATE TO SEVERE PLAQUE PSORIASIS: (must meet all of the following)

- Patient must have a diagnosis of moderate to severe plaque psoriasis
- Patient must be 18 years or older
- Patient must be a candidate for systemic therapy or phototherapy
- Patient must have failed to respond or have lost response to other systemic therapies
- Must be prescribed by or in consultation with a Dermatologist or Rheumatologist
- Evaluation for latent tuberculosis infection with TB skin test prior to initial PA
- Patient has not taken another biologic agent in the past 30 days
- Prescriber, patient and pharmacy must be enrolled in the REMS program
- Patient must not have concurrent Crohn's disease

LENGTH OF APPROVAL: 12 MONTHS**Notes:**

- Recommended dose is 210 mg at weeks 0, 1, and 2 followed by 210 mg every 2 weeks.
- Moderate to severe plaque psoriasis is defined as having a minimum affected body surface area (BSA) of 10%, a Psoriasis Area and Severity Index (PASI) score ≥ 12 , a static Physician's Global Assessment (sPGA) score ≥ 3 in the overall assessment (plaque thickness/induration, erythema, and scaling) of psoriasis on a severity scale of 0 to 5.

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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Biologic Agents	
Generic Name	Brand Name
Abatacept	Orencia®
Adalimumab	Humira®
Alefacept	Amevive®
Anakinra	Kineret®
Certolizumab	Cimzia®
Golimumab	Simponi®
Infliximab	Remicade®
Natalizumab	Tysabri®
Rituximab	Rituxan®
Tocilizumab	Actemra®
Ustekinumab	Stelara®
Tofacitinib	Xeljanz®, Xeljanz XR
Etanercept	Enbrel®
Canakinumab	Ilaris
Apremilast	Otezla
Secukinumab	Cosentyx
Vedolizumab	Entyvio